



Practitioner's Docket No. 701039-54682-C1-CPA

*PATENT*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Marsha A. Moses et al.

Application No.: 09/469,637

Group No.: 1651

Filed: 12/22/1999

Examiner: Gitomer, Ralph J.

For: NON-INVASIVE ENZYME SCREEN FOR TISSUE REMODELLING-ASSOCIATED  
CONDITIONS

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

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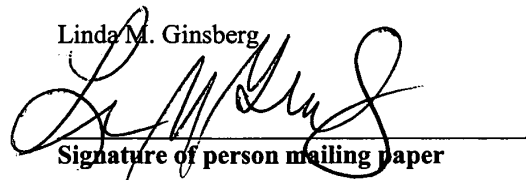
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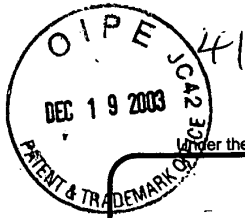
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Linda M. Ginsberg



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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/469,637
	Filing Date	December 22, 1999
	First Named Inventor	Marsha A. Moses
	Art Unit	1651
	Examiner Name	Gitomer, Ralph J.
Total Number of Pages in This Submission	Attorney Docket Number	701039-54682-C1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing and Return Receipt Postcard
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Firm or Individual name	David S. Resnick; Nixon Peabody LLP, 101 Federal Street, Boston, MA 02110
Signature	
Date	December 17, 2003

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Signature	
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>	<p><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/469,637</td> <td rowspan="5" style="text-align: center; vertical-align: middle; font-size: 2em; font-weight: bold;">RECEIVED</td> </tr> <tr> <td>Filing Date</td> <td>December 22, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Marsha A. Moses</td> </tr> <tr> <td>Examiner Name</td> <td>Gitomer, Ralph J.</td> </tr> <tr> <td>Art Unit</td> <td>1651</td> </tr> <tr> <td>Attorney Docket No.</td> <td>701039-54682</td> <td style="text-align: center; vertical-align: middle; font-size: 1.2em;">TECH CENTER 600/2900</td> </tr> </table>	Application Number	09/469,637	RECEIVED	Filing Date	December 22, 1999	First Named Inventor	Marsha A. Moses	Examiner Name	Gitomer, Ralph J.	Art Unit	1651	Attorney Docket No.	701039-54682	TECH CENTER 600/2900
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<p>DEC 29 2003</p>													
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 180.00														

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check           <input type="checkbox"/> Credit card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other           <input type="checkbox"/> None       </p> <p> <input checked="" type="checkbox"/> Deposit Account:       </p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Deposit Account Number</td> <td style="width: 50%;">50-0850</td> </tr> <tr> <td>Deposit Account Name</td> <td>Nixon Peabody LLP</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below           <input checked="" type="checkbox"/> Credit any overpayments       </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)       </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b> (\$)</td> <td></td> </tr> </tbody> </table> <p><b>2. 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<b>SUBMITTED BY</b>		(Complete if applicable)	
Name (Print/Type)	David S. Resnick	Registration No. (Attorney/Agent)	34,235
Signature		Telephone	617-345-6057
		Date	December 17, 2003

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